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PATENT DEPOSIT FORM

STATEMENT IN THE CASE OF AN ORIGINAL DEPOSIT

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To:

Cell Biology & Imaging Division.

National Institute for Biological Standards and Control,

Blanche Lane,

South Mimms,

Potters Bar.

Hertfordshire.

EN6 3QG

UK

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The Undersigned hereby deposits under the Budapest Treaty the cultured cells/cell line identified hereunder and undertakes not to withdraw the deposit for the period specified in Rule 9.11

**Please complete the form using black ink. Please print or type.**

**1. Depositor Information**

|  |  |
| --- | --- |
| Name of Depositor/Company/Institution: | |
| Full Address: | |
| Contact Name: | Tel: |
| E-mail: | Fax: |
| Invoice Address (if different from above): | |

1. **Rule 9.1 Duration of Storage**

Any microorganism deposited with an international depository authority shall be stored by such authority with all the care necessary to keep it viable and uncontaminated, for a period of at least five years after the most recent request for the furnishing of a sample of the deposited microorganism was received by the said authority and, in any case, for a period of at least 30 years after the date of deposit. ([www.wipo.int/budapest](http://www.wipo.int/budapest))

**2. Identification of the Cultured Cells/ Cell Line**

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| --- | --- | --- |
| Cell / Cell Line Name: | Species: | Passage Number: |
| Brief Morphological Description: (attach light micrograph, if available, showing example of typical morphology) | | |
| Grown as: (check appropriate box)  Adherent (feeder free)  Suspension Culture  Adherent (on feeder layer)  (if you have checked this box provide details of feeder cells on page 4) | | |

**3. Growth Conditions**

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| --- | --- | --- | --- |
| 3A. Incubation | | | |
| Temperature (°C):  Limits: | | Humidity (%RH):  Limits: | |
| % CO2 in air:  Limits: | | Other gas (%) if applicable state gas and concentration:        Limits: | |
| Culture Vessel (Type): | | | |
| 3B. Media and Media Components | | | |
| **Description** | **Current Supplier** | | Catalogue Number |
| Growth Medium: |  | |  |
| Serum Type **(if serum-free state serum-free)**: |  | |  |
| Final concentration in growth medium (%): |
| Media Supplements (Appropriate final concentration(s) in growth medium):  (List all supplements with appropriate concentrations.  If none state none) |  | |  |
| Is Conditioned Media Added: (check appropriate box) YES  NO  *If* ***Yes*** *box is check provide details on page 4:* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***3C. Thawing Protocol*** | | | |
| **Thawing Solution** | | Current Supplier | Catalogue Number |
| Base Solution (Thawing): | |  |  |
| Base Supplements(List all supplements with appropriate concentrations) | **Concentration** |  |  |
|  |  |  |  |
| Thawing Procedure:  (Please give full details, continue on page 4 if necessary) | | | |

**4. Depositor Signature**

|  |  |
| --- | --- |
| Name: | Signature **1**:  Date: |

**1** Where the signature is required on behalf of a legal entity, the typewritten name(s) of the natural person(s) signing on behalf of the legal entity should accompany the signature.

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| **For UKSCB Use Only (please do not write below this line)** | | | |
| Date Application Received: | UKSCB Accession Number: | | Biohazard RA Reference No. |
| Date Accession Number (Form BP/4) Issued: | | Issued by: | |
| Date Viability Statement (Form BP/9) Issued: | | Issued by: | |
| Date Final Acceptance Given: | | | |
| Authorised by: | | Signature:  Date: | |

**5. Additional Data**

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| Please provide any additional scientific information or description and references relevant to the culture technique or patent application including, where appropriate, details of feeder cell growth conditions, and/or conditioned media used to support growth of the deposited cell line. **2** |

2 It is strongly recommended that the scientific description and or proposed taxonomic designation of the cell or cell line be indicated.